

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90026 015 ***150.00

DOCUMENT # L58957

1. Entity Name

TARVIN MOBILE HOME SERVICES, INC.



Principal Place of Business

% MELVIN B. TARVIN
329 ARCHIMEDES ST.
PALM HARBOR FL 34683

Mailing Address

329 ARCHIMEDES ST
DUNEDIN FL 34698

2. Principal Place of Business

SAME

3. Mailing Address

Suite, Apt. #, etc.

City & State

DUNEDIN, FL.

City & State

DUNEDIN, FL.

Zip

34698

Country

FLORIDA

Zip

34698

Country

FLORIDA

4. FEI Number

65-0185414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TARVIN, MELVIN B.
329 ARCHIMEDES ST
PALM HARBOR FL 34683

DUNEDIN, FL 34698

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME TARVIN, MELVIN B.
STREET ADDRESS 329 ARCHIMEDES ST
CITY-ST-ZIP *PALM HARBOR FL ADDRESS SAME AS ABOVE*

TITLE ☐ Delete
NAME PV
STREET ADDRESS TARVIN, MICHAEL, R
CITY-ST-ZIP 329 ARCHIMEDES ST
PALM HARBOR FL

TITLE ☐ Delete
NAME TS
STREET ADDRESS TARVIN, JAMES, L
CITY-ST-ZIP 329 ARCHIMEDES ST
PALM HARBOR FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Melvin B. Tarvin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-04 727-734-3400
Date Daytime Phone #